

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED APR 12 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10459

Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
 (b) Township _____ Primary Registration District No. 3008 Registered No. 92
 (c) City Fulton (d) Street No. Callaway Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Phillip Gillispie St. Stephens, Missouri (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) No single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 3 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Boone Co. Missouri (STATE OR COUNTRY) Missouri13. NAME Phillip Gillispie14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) Missouri15. MAIDEN NAME WRC16. BIRTHPLACE (CITY OR TOWN) WRC (STATE OR COUNTRY) WRC17. INFORMANT (ADDRESS) Heary, F. A. Stephens, Missouri18. BURIAL, CREMATION, OR REMOVAL Gillispie Family Cemetery DATE Mar. 28, 194019. FUNERAL DIRECTOR (NAME) J. W. Wallace (ADDRESS) Fulton, Missouri20. FILED Mar. 28, 1940 R. N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 194022. I HEREBY CERTIFY, That I attended deceased from March 26, 1940 to March 27, 1940

I last saw him alive on March 26, 1940. Death is said to have occurred on the date stated above, at 6:14 A.M.

The principal cause of death and related causes of importance were as follows:

apoplexyDate of onset 3/23/40Other contributory causes of importance hypertension ?

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys. exam there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place, _____

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify _____ (Signed) R. N. Crews, M. D.(Address) Fulton, Missouri

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed: *J. H. Simpson*

Licensed Embalmer No. *3965*

P. O. Address *Fulton, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.